NASBHC'S Mental Health Planning and Evaluation Template Survey

		Not at all in place					Fully in place	Don't Know
	Dimension 1: Operations	1	2	3	4	5	6	DK
1	Mental health staff works in a confidential space and accesses dedicated phone lines and file cabinets that can be locked to ensure privacy of records.	0	С	С	С	С	О	•
2	A system is in place to perform administrative functions such as: client scheduling, data management, and documentation.	О	O	С	С	0	0	•
3	Following legal and professional guidelines, appropriate case records are developed and maintained, with methods to ensure privacy and confidentiality.	С	С	С	С	О	С	•
4	There are clear protocols and supervision for handling students' severe problems and crises (e.g., suicidal ideation, psychosis, abuse/neglect).	0	0	С	С	0	О	•
5	Mental health services adhere to clear policies and procedures to share information appropriately within and outside of the school and to protect student and family confidentiality.	С	С	С	С	С	С	•
	Dimension 2: Stakeholder Involvement	1	2	3	4	5	6	DK
6	Mental health activities and services have been developed with input from students, school leaders, school staff, families and other community members.	0	С	С	С	0	0	•
7	Families are partners in developing and implementing services.	C	C	C	C	C	C	•
8	Teachers, administrators, and school staff understand the rationale for mental health services within their school and are educated about which specific barriers to learning these services can address.	o	0	0	0	0	С	•
	Dimension 3: Staff and Training	1	2	3	4	5	6	ÐK
9	Mental health staff has completed accredited graduate training programs.	0	C	C	C	C	0	0
10	Mental health staff is licensed in a mental health profession or is actively pursuing licensure and receiving required supervision toward licensure.	О	С	С	С	0	o	•
11	Mental health staff receives training and ongoing support and supervision in implementing evidence-based prevention and intervention in schools.	С	С	С	С	С	С	•
12	Mental health staff receives training, support and supervision in providing strengths-based and developmentally and culturally competent services.	0	0	О	0	0	0	•
	Dimension 4: Identification, Referral, and Assessment	1	2	3	4	5	6	DK
13	Mental health service providers work with the school to effectively identify youth who present or are at risk for presenting emotional and/or behavioral difficulties.	0	C	C	C	0	0	•
14	Mental health service providers and the school have adopted a shared protocol that clearly defines when and how to refer students.	0	0	С	С	0	О	•
15	Mental health staff responds rapidly to referrals and informs school staff, health staff and/or family members on the status of referrals	0	О	О	О	С	С	•
16	The mental health intake process is comprehensive while minimizing barriers to service for students and their families.	0	С	С	О	0	О	•
17	Mental health staff uses brief, validated measures of behavioral and emotional health including risk behaviors (e.g. substance abuse) and strengths, to enhance initial, ongoing, and outcome evaluations.	С	О	С	С	С	С	•

NASBHC'S Mental Health Planning and Evaluation Template Survey Dimension 5: Service Delivery 1 2 3 4 5 A range of activities and services, including school-wide mental health promotion, 00000 0 18 prevention, early intervention and treatment services are provided for youth in general and special education. Mental health prevention and intervention services are empirically supported or based on 19 evidence of positive impact. Mental health activities and services are designed to meet the needs of culturally and 20 linguistically diverse groups. Psychiatric consultation is available to provider staff to assist in the assessment and 21 treatment of youth with serious and/or complex mental health issues. Treatment plans are uniformly completed and accurately match program services to the 22 0 0 0 presenting needs of students and their families. Through peer and case consultation and other mechanisms, treatment plans and 23 implemented strategies are frequently reviewed and adjusted to ensure that services are being delivered to address the most important problems/issues. Dimension 6: School Coordination and Collaboration 2 3 4 5 DK Mental health staff develops and maintains relationships and participates in training and 24 0000 meetings with educators and school-employed mental health staff. Mental health staff provides consultation services to teachers, administrators and other 25 0 school staff. Mental health staff coordinates efforts with school-employed mental health/health 000 26 professionals (including school-based health care providers if present) to ensure that 0 youth who need services receive them and to avoid service duplication. Interdisciplinary meetings and training are regularly held with all health (if present) and 27 mental health staff of the program. Mental health and health staff (school or community based) provides mutual support and 0 28 cross referrals (i.e., health staff assess students for mental health issues and refer them to mental health staff and vice versa). Dimension 7: Community Coordination and Collaboration 1 2 3 5 DK A regularly updated directory is maintained to assist students and families in connecting to 29 relevant health, mental health, substance abuse, academic and other programs or resources in the school and the community. Services are coordinated with community-based mental health and substance abuse 30 organizations to enhance resources and to serve students whose needs extend beyond 0000 0 scope or capacity. Services are coordinated with community-based social service and advocacy organizations 31 that are familiar with the culture and language needs of diverse student and family groups within the school. Dimension 8: Quality Assessment and Improvement 2 3 4 5 DK Guidance is received on mental health programming from stakeholders including youth, 00000 32 families, school staff, and community leaders who are diverse in terms of race/ethnicity and 💨 🔘 0 personal/cultural background. A stakeholder-informed mental health quality assessment and improvement (QAI) plan is implemented that includes measures of consumer satisfaction, individual student 33 outcomes (e.g., measures of behavioral or emotional health), and school-related outcomes (e.g., attendance, behavior, academic performance).

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Findings from the QAI plan are used to continuously improve services.

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